

SMP — State Maintenance Plan

Administered by Blue Cross & Blue Shield United of Wisconsin



BlueCross & BlueShield United of Wisconsin

An independent license of the Blue Cross and Blue Shield Association

What we are

The SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment.

Each SMP participant selects a primary care physician who directs the health care services of the participant and family.

It is administered by Blue Cross & Blue Shield United of Wisconsin – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation and around the world.

Where we are

In addition to our corporate headquarters located in Milwaukee, we have three regional service centers. We can answer questions about claims or benefits in our offices, by letter, by e-mail, or by telephone. To provide more personal service that is convenient and accessible, early evening/after work and walk-in customer service is also available at our regional service centers.

Exclusions and limitations

- Physical exams requested by third parties (i.e., school, insurance, etc.)
- Services or supplies for custodial care or rest care as defined by the contract
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or that are experimental/ investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies
- Dental services except as specifically provided

- Organ transplants except as specifically provided
- Reversals of sterilization
- Care covered by worker's comp.

Plan features

- A formal referral from your primary care physician is required for all services outside the care of your primary care physician or clinic.
- Preventive dental and vision is available for children.

Covered Services – no deductible:

- Hospital services
- Maternity care
- Extended care facility (except custodial care)
- Surgery
- X-ray and laboratory services
- Office calls
- Routine physical exams

Covered Services - paid at 80 percent after deductible:

- Physical, speech, and occupational therapy when necessitated by illness.
- Ambulance
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at Blue Cross & Blue Shield United of Wisconsin.

Regional service centers

Customer service hotline for
State of Wisconsin employees
1-800-755-6400

Northeastern Service Center

145 South Pioneer Road
Fond du Lac, WI 54935
(920) 923-4141

Southeastern Service Center

401 West Michigan Street
Milwaukee, WI 53203
(414) 226-2233

Southwestern Service Center

19 West Main Street
Evansville, WI 53536
(608) 882-5967

Western Service Center

2270 EastRidge Center
Eau Claire, WI 54701
(715) 836-7737

Or e-mail us at our website:

www.bluecrosswisconsin.com

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Major Medical Deductible: \$200 per person, per calendar year; maximum of two per family; after deductible, plan pays 80%, you pay 20% until your out-of-pocket maximum has been reached. Out-of-pocket maximum is \$1,000 per individual/\$2,000 per family, and does not include the deductible. The benefit maximum major medical benefit is \$250,000 per lifetime.

Health Benefits	Plan Pays	Limitations
*Physician	100%	Selected primary physician or upon referral from primary physician
Hospital	100%	365 days in semi-private room.
Laboratory and X-rays	100%	When requested by primary or referral physician
Drugs and biologicals	100%	After copayment per prescription: \$15 for brand/\$5 for generic.
Mental health (Combined w/ Alcohol & drug abuse)	100%	INPATIENT – 120 days or \$6,300 per calendar year, which ever is less.
<i>In 2003, annual dollar maximums for mental health services are suspended.</i>	90%	OUTPATIENT – Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Alcohol and drug abuse (Combined w/ Mental health)	100%	INPATIENT - 30 days or \$6,300 per calendar year, which ever is less.
<i>Annual combined benefit maximum is \$7000</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Emergency room	100%	None for emergency. Non-emergency requires referral.
Extended care facility	100%	Maximum of 120 days per admission less hospital days used. Excludes custodial care.
Vision care	100%	For illness or disease only, ages 18 & older Preventive care for children under age 18.
Prescribed medical services/supplies	80%	Subject to deductible
Transplants	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Excludes all services related to non-covered transplants.
Chiropractic care	100%	Same as physician
Ambulance	100%	First \$50 per trip
	80%	Thereafter, subject to deductible
Additional Benefits		
Physical, speech & occupational therapy	80%	Subject to deductible
Home hospice care	100%	80 visits per six months
Hearing aid	0%	Not a covered benefit
*Oral surgery	100%	Same as physician
Preventive dental care	100%	Limited to children under age 12.

- Except as required by law, SMP covers services only when provided by or referred by your primary physician, except emergency care.
- SMP State Maintenance Plan pays the percent of charge(s) shown above. Charge(s) means usual, customary, and reasonable demands for payment for services or other items for which benefits are available, as determined by Blue Cross & Blue Shield United of Wisconsin. In some cases, the amount BCBSUW determines as reasonable may be less than the amount billed by your provider. Those providers not listed in the BCBSUW State Standard provider directory, are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. In some cases, the amount BCBSUW determines as reasonable may be less than the amount billed by your provider. Those providers not listed in the BCBSUW State Standard provider directory, are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. BCBSUW will protect the subscriber against collection agencies and a court of law. For more information on 'hold harmless' or for a list of participating providers in your area, please call a customer representative at the number above or visit our website. If such a charge dispute arises, contact BCBSUW. If your provider is listed in the Standard Plan directory, charges over UCR will be written off.

* Professional services are limited to \$10,000 per illness or injury, then major medical.